PATENT	APPLICATION FE	E DETERMINATION	RECORD
PAICH	AFFLICATION		ILLOUID

Effective October 1, 2001

Application or Docket Number

10013460-1

								L	100	144	-	
CLAIMS AS			S FILED - PART I (Column 1) (Co					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS		20				Γ	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		Minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				*		Ī	X42=		OR	X84=	84	
MULTIPLE DEPENDENT CLAIM PRESENT			RESENT			`	ľ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						Ļ	TOTAL	-	OR	TOTAL	8N	
CLAIMS AS AMENDED - PART II								IOIAL		UN	OTHER	-
(Column 1)				(Colu	mn 2) _	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN'	T CLAIM			+140=		OR	+280=	· · · · · ·
	TOTAL OR TOTAL ADDIT. FEE											
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=		X\$ 9=	1	OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╹┞	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		DD11. 1 CC 1			ADDIT: I'EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***]=]	X42=		OR	X84=	
الـُ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	T CLAIM		┇┋					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+280=			
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
i		nber Previously Pa					er four	nd in the ap	propriate bo	x in co	lumn 1.	